

Luke's Hot Pots

Sequential Ownership

1888 Wm Andrew Luke purchased it
& owned & operated thru 1923

1923 John ^{Henry} Luke took it over
↓



Willard J Draper & wife
Gene Payne & Althea
↓

Luke's Hot Pots

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MIDWAY BIOGRAPHIES

gneur was highly respected by the people of Midway.

From letters found in his trunk it was learned that he had been married and had three children, one of whom had died. He was buried in the Midway cemetery. Money was sent by one of his sons for a splendid tombstone which still stands.

He was closely associated in business with Henry T. Coleman, John Morton, William John Wilson, C. I. Bronson, George Bonner, Jr., William Bonner, Everice Bronson and Adam Empey.

WILLIAM ANDREW AND ELLEN MATILDA BUSBY LUKE



William Andrew Luke, Sr., was born January 29, 1860 in Spanish Fork, a son of Henry and Harriet E. Luce Luke. He married Ellen Matilda Busby January 27, 1881 in the Salt Lake Endowment House. He died June 9, 1925 and is buried in Heber.

Ellen Matilda Busby Luke was born July 23, 1860 in Salt Lake City, a daughter of John and Harriet Emma Killian Busby. She died October 12, 1946 and is buried in Heber.

The Luke family moved to Heber when William was only six months old. When he was six his father died leaving his mother with six small children to care for. He, the oldest boy, assumed much of the responsibility for the family as he grew older. He worked as a freighter with an ox team from Heber to Salt Lake, and also was road supervisor of Midway for many years.

William engaged in farming until 1888 when he purchased the Hot Pots resort in Midway. He owned and managed the resort until about two years before his death. His son John took over management of the business in 1923.

William suffered a paralytic stroke in 1923 and was bedfast for two years before

his death. He was an elder in the Church at the time of his death.

Ellen lived for 21 years in the 10th Ward in Salt Lake prior to her marriage. She was employed at ZCMI manufacturing overalls before she married. With her husband she moved to Heber and lived for eight years before going to the Midway resort. She proved a good helpmate to her husband in operating the resort.

William and Ellen were the parents of 13 children:

John Henry Luke, married Alada G. Ross;
William Andrew Luke, Jr., married Leona Jensen and Elizabeth Shelton Meeks;
Mrs. William Wells (Nellie May) Gibson;

George Edward Luke, married Jannett Gibson;

Charles Franklin Luke, married Cordelia Shelton;

James Alfred Luke, died in infancy;

Douglas Luke, died in youth;

Wallace Luke, married Clara E. Bentley;

Otto Luke, married Sarah Jane Fausett, died; Gladys Lyon, died; Blanche Swain, died; and Agnes Babcock;

Violet Luke, died in infancy;

Pansy Luke, born and died the same day;

Lawrence Luke, married Leona Knudson;

Avon Luke, married Sadie Dudley.

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Talk to:
Althea Byrne
& dau;

many
for early
Pictures

the mobile unit. Ventricular fibrillation was removed. Unfortunately, cerebral damage occurred and the patient died one week later.

Case 7

A general practitioner was called to a 45-year-old man who had collapsed in his bathroom. Although the patient's home was some 4 miles from the hospital the mobile unit arrived in fourteen minutes. Cardiac arrest occurred as the team arrived. The practitioner maintained a circulation while the equipment was transferred from the ambulance to the patient's home. Ventricular fibrillation was removed after some difficulty. One hour later the patient was transferred to hospital. Despite multiple rib fractures and a period of gross pulmonary congestion he recovered. He was discharged on April 23 and is now well.

Case 8

A 42-year-old woman called her doctor because of chest pain. Cardiac arrest occurred while she was attempting to describe her complaint. The practitioner initiated resuscitation. Defibrillation was achieved by J. S. G. in the patient's home. One hour later it was thought safe to transfer her to hospital. Unfortunately she died one week later from cerebral damage.

Case 9

A 61-year-old man had chest pain while visiting a relative. Cardiac arrest occurred immediately after the arrival of the practitioner who maintained a circulation. Relatives called the mobile unit. Defibrillation was achieved. The patient was moved to hospital and discharged four weeks later. He is now well.

Case 10

A 51-year-old woman went to see her general practitioner because of chest pain. Cardiac arrest occurred in the doctor's surgery. The doctor maintained a circulation until arrival of the team. Ventricular fibrillation was removed. She was admitted to hospital and discharged five weeks later. She is now well.

Discussion

Most deaths from myocardial infarction occur soon after the onset of symptoms. It is less generally recognised that the delay in hospital admission is on average nearly twelve hours (Mittra 1965). Many factors are concerned in this delay. The patient may not immediately seek medical help; the practitioner may not be aware of the high risk of sudden and preventable death; the ambulance service may not be able to deal with the call immediately; the patient may have to wait his turn with other ill patients in the casualty department. With provision of a mobile resuscitation unit and a general-practitioner training programme, all but the first of these factors may be removed. Patient-delay in seeking medical help will diminish with increasing public awareness of the problem.

Analysis of the incidence of ventricular fibrillation among the patients in this series indicates that the risk of developing this dysrhythmia during the first four hours may be 15 times greater than the risk of its appearance between the fourth and twelfth hours, and 25 times greater than the risk between the twelfth and twenty-fourth hours.

It seems likely that at least half of the deaths from myocardial infarction result from rhythm disturbance (Mower et al. 1964).

A large proportion of the early deaths might be prevented if the patients come under intensive care at the time of greatest risk. In this series 15 patients developed ventricular fibrillation within four hours of onset of symptoms, and of these 9 survived to leave hospital. An even higher incidence of ventricular fibrillation would have occurred but for the liberal use of the antiarrhythmic drugs lignocaine and potassium.

The registrar or houseman in charge of the mobile team may monitor the patient in his own home for a period during which lignocaine is given if required to abolish evidence of ventricular irritability. Among patients reached soon after the onset of infarction the ominous QRS-on-T pattern (Smirk and Palmer 1960) is sometimes seen. No attempt is made to transfer the patient to the ambulance until this or other evidence of ventricular irritability had been dealt with by antiarrhythmic drugs.

The mobile intensive-care unit removes the risks of transport to hospital. Of 312 patients in a fifteen-month period no patient died in transit, whereas in a study of coronary deaths in a one-year period starting in 1965, 102 of 414 patients brought to hospital were dead on arrival (Pemberton and McNeilly 1967).

The general adoption of units of the type described will mean an increase in the number of patients admitted to hospital. The bed problem created may in part be solved by earlier discharge. There is evidence that half the patients with coronary thrombosis may be safely discharged in less than eighteen days (Adgey 1967).

This project was supported by the British Heart Foundation. We thank the registrars and house-physicians of the cardiac unit for their unstinted help and the general practitioners for their cooperation. The mobile unit would not operate without the enthusiastic support of Dr. A. A. J. Adgey, Dr. J. M. K. Ekue, Dr. H. C. Mulholland, Dr. M. E. Scott, and Dr. D. K. Wiley.

REFERENCES

- Adgey, A. A. J. (1967) Unpublished.
Bainton, C. R., Peterson, D. R. (1963) *New Engl. J. Med.* 268, 569.
Lown, B., Fakhro, A. M., Hood, W. B., Thorn, G. W. (1967) *J. Am. med. Ass.* 188, 188.
Mittra, B. (1965) *Lancet*, ii, 607.
Mower, M. M., Miller, D. I., Nachlas, M. M. (1964) *Am. Heart J.* 67, 437.
Pantridge, J. F., Geddes, J. S. (1966) *Lancet*, i, 807.
Pemberton, J., McNeilly, R. H. (1967) Unpublished.
Smirk, F. H., Palmer, D. G. (1960) *Am. J. Cardiol.* 6, 620.
Yater, W. M., Traub, A. H., Brown, W. G., Fitzgerald, R. P., Geisler, M. A., Wilcox, B. B. (1948) *Am. Heart J.* 36, 334, 461, 683.

Addendum

2 further patients who developed ventricular fibrillation outside hospital have been resuscitated. Both survive.

Names

Midway Resort
Luke's Hot Pots

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